## **DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH** CHILD CARE FACILITY **INSPECTION REPORT**

REASON		GRADE	Inspection Date:		ESTABLISHMENT NAME.		1000000			DA
Regular					SAGAN FINA	NA	GUEN	FINO'C	HAMOI	20
Follow-Up		6	Time In/Out:		OWNED/ODEDATOD:					
Complaint			10:15	10:45		r Gu	en fin	10, CHAI	MOPO!	CAP
Investigation	on	RATING			LOCATION:			nent Type:		
Other:		A	Sanitary Pe		DEDEDO	9	ccc	NURSE	RY	
			20000	. (600oznz	PERMIT STATUS:	_Valid	Te	mporary .	E	xpired
			Female 👱		Child Care License: No.: Valid / / Provisional / / Expired					
The following items identify violations found this day in the operations and facilities which must be corrected by the next										
inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.										
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I I LLIVI					<del></del>			DEIVIERIT	CORRE	CIBY
	A REGULAR INSPECTION WAS CONDUCTED.									
	PREVIOUS INSPECTION COMPUCTED ON 12/13/16/									- 1
PREVIOUS INSPECTION COMDUCTED ON 12/13/16 (2, A)										
	THE FOLLOWING WAS OBSERVED:									
	PREVIOUS VIOLATION ITEM # 17 HAS BEEN FIXE							EN		
	PREVIOUS VIOLATION HEM # 17 HAS BEEN FIXED									
	THE FOLLOWING VIOLATION GBSERVED!									
			<u> </u>		<del></del>					$\longrightarrow$
24	NO THERMOMETER PROVIDED FOR REPPREHENTINE. LE 3/19/17									
THERMOMETER STALL BE PROMDED TO MONITOR										
	PROPER FOOD TEMPERATURES TO MINIMIZE THE									
	GROWTH OF PATHOGENS.									
	Constitution Latitudes 42.									
	"A" PLACAPI -OZZAG KOVED.									
	BRIEFED PIC JULIA MAMIBUSAN ON ABOVE.									
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				<u> </u>						
I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.										
*Note: When any of the following items are Received By (Name & Title):										
cited above, they shall be corrected within										
10 days of this inspection:  (2) (4) (5) (14) (21) (22) (23) (24) (27) (28) (20) 8 (40)										
(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40). J. GARCIA APHOI J. CRIS EPHOI										
Rev: 08/2/05 DEH-06			Wh	ite Copy - DE	H Yellow Copy - Establishm	ent /				